



Add a Family

1. Search for responsible adult to verify they are not already in WISPr

NOTE: Search by current and previously used names; also search with **just** the date of birth or SSN

- Click: Participant / Family Search



- Enter: Information for the Responsible Adult, then click: Search

Example, if you are looking for Parry Testing you might enter the following:

- If the responsible adult is not in WISPr, “No Matches Found.” will be shown

2. If no match is found, click: Create a New Family

CREATE A NEW FAMILY

3. Enter all required (*) information and optional information if appropriate

- Foster Family: If this is a foster family check box next to ‘This is a Foster Family’

NOTE: The only participant in a foster family will be the foster child

Create A New Family

Please tell us about the family you'd like to add to WISPr. All required fields are marked with an asterisk(*).

Responsible Adult: ☐ This is a Foster family.

How did you learn about WIC?*

Name:* Suffix: Maiden Name (if any): Date of Birth:*

- How did you learn about WIC? (required)
- Name and Date of Birth (required)

☐ Also add this person as a participant; Must be an adult woman who is pregnant, postpartum, or breastfeeding

- Responsible adult is a participant (optional) – check box and complete additional information



- SSN (optional)
- Preferred Name (optional)
- Years of education (optional)
- Ethnicity (required)
- Race (required)
- Language – auto filled (required)
- Interpreter – if needed for RA (optional)
- Initial Contact Date (required)
- Application Date – auto filled (required)
- Proof of Identity (required)
- Physically present (required)
- Category (required)
- Pregnancy Information for Pregnant category (required)

Personal Information:
SSN:
☐ Has Preferred Name

Years of education:

Demographic Information:
Ethnicity:* ☐ Hispanic ☐ Non-Hispanic
Race:* ☐ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander
Language:
Interpreter?: ☐

WIC Category Information:
Initial Contact Date:*
Application Date:*
Proof of Identity:*
Physically present?:
Category:*

- Homeless? (check correct box)

Homeless?

- ☒ No
☐ Yes

- Physical Address and proof of address (required)

Physical Address:
Street:* Zip:* City:* County:* State:* Proof:*

- Mailing Address (optional)

Mailing Address: ☒ Same as physical address

Contact Information:

Home Phone: Cell Phone: Other/Authorized Signer Phone: Email:

- Second Cardholder (optional)

- Name, date of birth, address (required for a second cardholder)

Second Cardholder: (Address required when Second Cardholder name information specified)
First Name: MI: Last Name: Date of Birth:*
Street:* Zip:* City:* County:* State:*

- Migrant? (check correct box)

Migrant?

- ☒ No
☐ Yes

- Clinic (required)

Clinic

Select Clinic ▼

- Click: Save

SAVE

4. Success message will appear if family has been created

Successfully added new Family to WISPr. The information provided is displayed below.



IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



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